

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☐ Psychology
 ☐ Practicum
 ☐ Clerkship/Internship
 ☐ Externship
☐ Social Work
 ☐ Specialization: _____
 ☐ Macro/Administrative
☐ MFT
☐ Occupational Therapy
☒ Other (specify): Nursing

Service Area

8

DMH Agency:	Harbor-UCLA
DMH Agency Address:	1000W. Carson St. Torrance, CA 90509
Agency Liaison:	Jeffrey Adams
New or Returning	<input checked="" type="checkbox"/> New <input type="checkbox"/> Returning
Liaison Email Address:	jadams@dmh.lacounty.gov
Liaison Phone Number:	310-781-3403
Liaison Fax Number:	310-782-0754
Agency ADA Accessible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

Student Requirements:

How many positions will you have?	10
Beginning and ending dates:	Summer/Fall

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):

Monday	
Tuesday	8 Hours; Range 6:45 a.m. to 4:00 p.m.
Wednesday	
Thursday	
Friday	.

Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)

Monday	
Tuesday	Seminars/supervision during 8 hr. period
Wednesday	
Thursday	
Friday	
Total hours expected to be worked per week:	8 Hours
How many clients would the student have at one time?	1-3

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What cultural groups and language services are provided at your site?	All Cultural Groups
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	Academic Quarters summer fall etc.

Provide a short description of your site and services offered:

In-Patient psychiatric mental health nursing

Students will provide services for (please check all that apply):

<input checked="" type="checkbox"/> Individuals	<input type="checkbox"/> Consultation/Liaison
<input checked="" type="checkbox"/> Groups	<input type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input type="checkbox"/> Families	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Children 0-5	<input type="checkbox"/> FSP
<input type="checkbox"/> Children & Adolescents	<input type="checkbox"/> FCCS
<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input type="checkbox"/> Older Adults	<input type="checkbox"/> AB109
<input type="checkbox"/> Court/Probation referred	<input type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency:

<input type="checkbox"/> Child-Parent Psychotherapy	<input type="checkbox"/> Seeking Safety
<input checked="" type="checkbox"/> Crisis Oriented Recovery Services	<input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> Triple P – Positive Parenting Program
<input type="checkbox"/> Families Over Coming Under Stress	<input type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> Managing and Adapting Practices	<input type="checkbox"/> Other (Specify)

Students will provide (please check all that apply):

<input checked="" type="checkbox"/> Brief Treatment	<input checked="" type="checkbox"/> Screening and Assessment
<input type="checkbox"/> Long – Term Treatment	<input checked="" type="checkbox"/> Crisis Intervention
<input type="checkbox"/> For Psychology Students Only: Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

Schizophrenia, Bipolar D/O, Major Depression, Personality D/O, Substance Abuse/Dependence

What specific training opportunities do students have at your agency?

Access to a full continuum of mental health care
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What theoretical orientations will students be exposed to at this site?

A variety ranging from psychodynamic to cognitive

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

MD, Social Work, Psychology, Nursing

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Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☐

No ☒

List locations where students will be providing services **other than agency?**

None

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☒

No ☐

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual		
Group		
Individual & Group	1-2	PMHNP

Do you have one or more staff, who is licensed by:

☒ California Board of Psychology

☒ California Board of Behavioral Sciences

☒ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒

No ☐

Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input type="checkbox"/> Review of student's written clinical notes
<input type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify):

Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

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Yes ☒ No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☐ No ☒

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐ No ☒ If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain. NO

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☐ No ☐ If yes, please specify Per UCLA policy

Per UCLA

Please specify dates your agency accepts students: Quarter system time line

Supervision will be in compliance with professional standards established by the following:

☐ APPIC ☐ AAMFT
☐ NASW ☒ Other (specify): CA Board of Registered Nursing

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

DMH Staff completing this form: Jeffrey Adams

Title: PMHNP

Supervisors Name: Mary Read, MD

Date of Completion:
02/06/14